MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-003270
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 820

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED FEB 8 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City Hosp. No. 1
Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes No
d. STREET ADDRESS (If outside, give location): 1730 Carver Lane
Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print): First David Middle Brown Last
4. DATE OF DEATH: Month 1 Day 20 Year 63
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married Never Married Widowed X Divorced
8. DATE OF BIRTH: 2-19-1882
9. AGE (last birthday): 80 Yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S. A.
13a. FATHER'S NAME: Robert Brown
13b. MOTHER'S MAIDEN NAME: Mandy Brooks
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of): None
16. SOCIAL SECURITY NO.: [illegible]28
17. INFORMANT: Robert Hilliard-Rte#2 Box # 4 Address: Arlington, Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Exposure;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary occlusion;
DUE TO (c): Generalized Arteriosclerosis;
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 11:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen L. Taylor, Coroner
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 1-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-25-1963
23c. NAME OF CEMETERY OR CREMATORY: Cyprus Creek
23d. LOCATION (City, town, or county) (State): Arlington, Tennessee

24. FUNERAL DIRECTOR ADDRESS: Ellis Funeral Home-2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: JAN 25 1963
26. REGISTRAR'S SIGNATURE: Foard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	225	91	1-
4	2		
5	2		
7	1		
8	2		
12	92-3		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________ Signed Fulton E. Culkin
Signature of Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.